



General Assembly

January Session, 2009

Committee Bill No. 47

LCO No. 4617

04617SB00047INS

Referred to Committee on Insurance and Real Estate

Introduced by:
(INS)

AN ACT CONCERNING HEALTH CARE PROVIDER CONTRACTS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective October 1, 2009*) (a) As used in this
2 section:

3 (1) "Contracting health organization" means a managed care
4 organization, as defined in section 38a-478 of the general statutes, or a
5 preferred provider network, as defined in section 38a-479aa of the
6 general statutes.

7 (2) "Provider" means a physician, surgeon, chiropractor, podiatrist,
8 optometrist or nurse practitioner.

9 (b) A contracting health organization shall include with each
10 contract offered by such organization to a provider for services to be
11 rendered to residents of this state: (1) A copy of the contracting health
12 organization's complete current procedural terminology codes fee
13 schedule; (2) the name and contact information of the medical director
14 responsible for internal appeals; and (3) a complete copy of the
15 contracting health organization's administrative policies and

16 guidelines.

17 (c) No contracting health organization shall make unilateral changes
 18 in the provisions of such contract more than once a year and any such
 19 changes shall be made simultaneously.

20 (d) No contracting health organization shall cancel or rescind
 21 authorization to provide a service or demand the return of payment
 22 for an authorized service more than one year from the date of the filing
 23 of a clean claim or the date of payment.

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2009	New section

Statement of Purpose:

To require certain information to be included with a contract offered by a contracting health organization to a provider, to prohibit a contracting health organization from making unilateral changes to a contract more than once a year, and to prohibit a contracting health organization from canceling or rescinding authorization for a service or demanding the return of payment for an authorized service more than one year from the date of the filing of a clean claim or the date of payment.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]

Co-Sponsors: SEN. CRISCO, 17th Dist.; SEN. LOONEY, 11th Dist.
 REP. BYE, 19th Dist.; REP. MCCLUSKEY, 20th Dist.
 REP. WIDLITZ, 98th Dist.

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